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THE COMMUNITY BENEFITS COLUMN

Community Benefits are Key: Linking Community Benefits and Patient Care

BY ROBERT M. SIGMOND

Recently, I sat in on a meeting of individuals dedicated to community health, but with a narrow perspective on the scope of true community benefits. For them, patient care initiatives, by definition, do not qualify as community benefits. Rather, community benefits must take the organization outside of patient care to embrace unrelated, healthy community initiatives.

This perspective excluded consideration of initiatives explicitly designed to benefit patients from targeted communities in ways that go beyond the benefits of the clinical care available to all patients. This narrow approach compartmentalizes the community benefits program within the institution, guaranteeing only minimum support of the staff involved with patient care. As a result, most of the community initiatives that health service organizations are uniquely qualified to undertake, as contrasted with what other community organizations can do so well, tend to be overlooked.

Of course, many valuable community benefit initiatives of health services organizations do not relate directly to the basic patient care mission. But many more do involve patient caregivers who are able to incorporate a community benefit dimension in their work with patients and families from targeted communities. Think about the unique opportunities to improve community health by comprehensive management of the care of uninsured and underprivileged patients who reside in targeted communities. Think about how the emergency department can manage domestic violence victims in a larger perspective.

Think about the opportunities for so many of the institution's caregivers to become collaborators in initiatives that relate their work to health habits and the health environment of targeted communities. Think about encouraging caregivers involved with diabetics or asthmatics to broaden their perspective to become involved in community initiatives embracing the environment and care settings in the home and community beyond the inpatient bedside. An effective community benefits program involves as many caregivers as feasible, rather than excludes them. Their influence and contribution to achieving measurable results can be enormous.

Involving patient caregivers in community initiatives usually adds little or nothing to institutional expenses and has real potential for decreasing expenses and increasing income, as well as attracting additional patients. Not all caregivers will be interested, but many will be. I have generally found that many caregivers are already involved in unstructured community service activities. This does not mean that the quality of clinical care of patients from targeted communities will be higher than those from the rest of the service area. The quality will be the same, but the context will be different because of the involvement with the targeted communities' environments, their organizations and leadership, and the institution's community benefit goals. Finally, involvement and support of patient caregivers will tend to protect the community benefit programs from the extreme bottom line pressures to eliminate any expenditure not directly related to marketplace activities.

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